

Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Friends of Lydia Chassaniol

Address P.O. Box 211 Winona, MS 38967

Telephone _____ Fax _____

Contact Name _____ Email _____

Office Sought Senate Dist. 14 Political Party Republican

 Check here if above is different from previous report

TYPE OF REPORT

May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....	Mandatory
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June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).. **Runoff Candidates**

October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

~~/~~ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

<p>Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)</p>	<p>Required to terminate reporting obligations</p>
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IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$9700 ⁰⁰ + \$ 3051. ⁸¹	\$ 12,751. ⁸¹	\$
Total amount of disbursements	\$7355. ⁹⁶ + \$ 4,032. ⁴¹	\$ 11,388. ³⁷	\$ 11,388. ³⁷
Total amount of cash on hand		\$ 10,760. ¹⁶	

I certify that I have examined this report and, to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date _____

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Friends of Lydia Chassanoff

Page

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of

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Reporting period

1-1-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 619612	6/18/10	\$ 551.80
City, State, Zip Code	Dallas, TX 75261	—/—/—	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 551.80
B. Full name	American Legislative Exchange	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1101 Vermont Ave. N.W. 11th Floor	6/18/10	\$ 610.00
City, State, Zip Code	Washington, D.C. 20005	—/—/—	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 610.00
C. Full name	Charlie Palmer's	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	101 Constitution Ave NW	5/27/10	\$ 301.00
City, State, Zip Code	Washington, DC 20001	—/—/—	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 301.00
D. Full name	Cottonlandia Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Highway 82W	2/1/10	\$ 150.00
City, State, Zip Code	Greenwood, MS 38930	5/6/10	\$ 100.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	Cottonlandia Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Highway 82W	5/20/10	\$ 50.00
City, State, Zip Code	Greenwood, MS 38930	10/2/10	\$ 100.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	Cottonlandia Museum	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1608 Highway 82W	10/9/10	\$ 100.00
City, State, Zip Code	Greenwood, MS 38930	—/—/—	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500.00

Name of Candidate or Committee Friends of Lydia Chassaniol
 Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	1/5/10	\$ 110.01
City, State, Zip Code	Meadville, MS 39653	2/4/10	\$ 110.01
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	3/9/10	\$ 110.01
City, State, Zip Code	Meadville, MS 39653	4/6/10	\$ 110.01
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	5/5/10	\$ 71.11
City, State, Zip Code	Meadville, MS 39653	6/4/10	\$ 88.08
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	7/7/10	\$ 88.08
City, State, Zip Code	Meadville, MS 39653	8/4/10	\$ 88.08
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	9/7/10	\$ 88.08
City, State, Zip Code	Meadville, MS 39653	10/5/10	\$ 88.08
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	Cellular South	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 519	11/4/10	\$ 87.87
City, State, Zip Code	Meadville, MS 39653	12/7/10	\$ 87.87
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,127.29

Name of Candidate or Committee Friends of Lydia Chassaniol
 Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	<u>Delbert Hoseman</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 320123</u>	<u>3/10/10</u>	\$ <u>250⁰⁰</u>
City, State, Zip Code	<u>Flowood, MS 39232</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Donation</u>	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
B. Full name	<u>Have a Heart Horse Rescue</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 161</u>	<u>2/4/10</u>	\$ <u>100⁰⁰</u>
City, State, Zip Code	<u>Coila, MS 38923</u>	<u>11/24/10</u>	\$ <u>150⁰⁰</u>
Purpose of Disbursement (Optional)	<u>Donation</u>	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
C. Full name	<u>Hyatt Hotel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1441 Quivira Road</u>	<u>8/10/10</u>	\$ <u>663.64</u>
City, State, Zip Code	<u>San Diego, California 92109</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>ALEC Meeting</u>	Aggregate Year-to-date	\$ <u>663.64</u>
D. Full name	<u>Lydia Chassaniol</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 211</u>	<u>8/3/10</u>	\$ <u>200⁰⁰</u>
City, State, Zip Code	<u>Winona, MS 38967</u>	<u>10/4/10</u>	\$ <u>200⁰⁰</u>
Purpose of Disbursement (Optional)	<u>Reimbursement</u>	Aggregate Year-to-date	\$
E. Full name	<u>Lydia Chassaniol</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 211</u>	<u>11/15/10</u>	\$ <u>100⁰⁰</u>
City, State, Zip Code	<u>Winona, MS 38967</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	<u>Reimbursement</u>	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
F. Full name	<u>Mimi Taylor</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Mockingbird Lane</u>	<u>2/11/10</u>	\$ <u>300⁰⁰</u>
City, State, Zip Code	<u>Richeland, MS 39157</u>	<u>12/31/10</u>	\$ <u>250⁰⁰</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>550⁰⁰</u>

Name of Candidate or Committee Friends of Lydia Chassaniov
 Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	<u>Robert Davidson</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11/10/11</u>	\$ <u>750⁰⁰</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>750⁰⁰</u>
B. Full name	<u>Sam's Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>6360 Ridgewood Ct.</u>	<u>12/20/10</u>	\$ <u>247.83</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>247.83</u>
C. Full name	<u>Southwest Airlines</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. Box 36647</u>	<u>4/30/10</u>	\$ <u>259.40</u>
City, State, Zip Code	<u>Dallas, TX 75235-1647</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>259.40</u>
D. Full name	<u>Winona Times</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>401 Summit St.</u>	<u>__/__/__</u>	\$ <u>60⁰⁰</u>
City, State, Zip Code	<u>Winona, MS 38967</u>	<u>__/__/__</u>	\$ <u>150⁰⁰</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	<u>Winona Times</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>401 Summit St.</u>	<u>__/__/__</u>	\$ <u>120⁰⁰</u>
City, State, Zip Code	<u>Winona, MS 38967</u>	<u>__/__/__</u>	\$ <u>240⁰⁰</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name	<u>Winona Times</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>401 Summit St.</u>	<u>__/__/__</u>	\$ <u>225⁰⁰</u>
City, State, Zip Code	<u>Winona, MS 38967</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>795⁰⁰</u>

Name of Candidate or Committee Friends of Lydia Chassanoff Page 1 of 5
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Billingsley</u>		<u>1/25/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>569 N. Old Canton Rd.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>2/26/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>775 North State St.</u>		<u>12/28/10</u>	\$ <u>500⁰⁰</u>
City, State, Zip Code <u>Jackson, MS 39202</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ameristar</u>		<u>1/8/10</u>	\$ <u>1000⁰⁰</u>
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>7/19/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>5455 Executive Place</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Friends of Lydia Chassanoff Page 2 of 5
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi PAC</u>		<u>9/17/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>175 E. Capital St. Landmark Center</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Beau Rivage</u>		<u>8/11/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>875 Beach Boulevard</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>American Legislative Exchange</u>		<u>10/12/10</u>	\$ <u>1200⁰⁰</u>
Mailing Address <u>1101 Vermont Ave. N.W. 11th Floor</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Washington D.C. 20005</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>10/22/10</u>	\$ <u>500⁰⁰</u>
Mailing Address _____		<u>___/___/___</u>	\$
City, State, Zip Code _____		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Friends of Lydia ChassaniolReporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL * PAC</u>		<u>11/19/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>702 SW 8th St.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Bentonville, AR 72716-0150</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury</u>		<u>11/23/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>5100 Tennyson Parkway Ste 1200</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Plano, TX 75024</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital City Beverages Inc.</u>		<u>11/24/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>720 Hwy 82 W</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Greenwood, MS 38930</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent RX PAC</u>		<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>4209 Lakeland Dr. Ste 399</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Friends of Lydia Chassaniol
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Brown</u>	<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1132</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Buddy Medlin & Associates Inc</u>	<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 24087</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advocacy Group</u>	<u>12/28/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>P.O. Box 217</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Irb Benjamin</u>	<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Friends of Lydia Chassaniol

Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Hospitality & Restaurant Asso.</u>		<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>130 Riverview Drive, Ste. A</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Horace W. Miller</u>		<u>12/28/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>51 Heath Rd.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Duck Hill, MS 38925</u>		<u>___/___/___</u>	\$
Name of Employer (Required) <u>N/A</u>		<u>___/___/___</u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Good Government PAC</u>		<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 4019</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>12/28/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 61270</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>		<u>___/___/___</u>	\$
Name of Employer (Required) _____		<u>___/___/___</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$